Items 3,8,11,13,14 FilmG145 8/13/52 whw

07550

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2151-1 U. S. Army Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
STREET ADDRESS (If rural, give location) 101 Skippers Point Road Wherry #1

3. NAME OF DECEASED (Type or Print) ~~(First)~~ KATHERN ~~ALDRICH~~ (Middle) Margaret (Last) ALDRICH

4. DATE OF DEATH (Month) JULY (Day) 10 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3/31/1884 1883
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Homestead
11. BIRTHPLACE (State or foreign country) Galena, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Fairweather
14. MOTHER'S MAIDEN NAME Cradle Fairweather

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Maj Ralph Aldrich 101 Skippers Point Rd, Edgewood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	21 days
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis +	
	(c) Benign Ess. Hypertensive C-V-R Disease	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 June, 1952, to 10 July, 1952, that I last saw the deceased alive on 9 July, 1952, and that death occurred at 0800 m., from the causes and on the date stated above.

SIGNATURE Mark F. Moots (Degree or title) M.D. ADDRESS USA Hospital APG Md. DATE SIGNED 10 July 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 12, 1952
NAME OF CEMETERY OR CREMATORY Cokesbury
LOCATION (City, town, or county) Abingdon Harford (State) Md

DATE REC'D BY LOCAL REG. July 23-52
REGISTRAR'S SIGNATURE [illegible] Perry
24. FUNERAL DIRECTOR Howard R. McCosher + Son ADDRESS Abingdon Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

July 29, 1954
Rec'd. in U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07551

CERTIFICATE OF DEATH

Reg. Dist. No. 18-5-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

1. PLACE OF DEATH:
COUNTY: Harford — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Bel Air
LENGTH OF STAY (In this place): 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace, Md.
STREET ADDRESS (If rural, give location): 525 S. Washington

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) P. (Last) Beckman

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 19 52

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/27/1878

9. AGE last birthday: 74 yrs.
IF UNDER 1 YEAR: Months 2 Days 25
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: P.RR.Freight Conductor

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christopher Beckman

14. MOTHER'S MAIDEN NAME: Martha Sportsman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 717-09-2599

17. INFORMANT & ADDRESS: Cora Beckman, 525 S. Wash. Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
443 X Immediate cause	(a) Congestive Heart Failure	1 hr
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chronic Hypertensive Cardio-Vascular Disease	?
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/30, 19 52 to 7/22, 19 52, that I last saw the deceased alive on 7/22, 19 52, and that death occurred at 9:05 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE): Willard P. Hudson, M.D. — ADDRESS: Forest Hill, Maryland — DATE SIGNED: 7/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7/25/52 — NAME OF CEMETERY OR CREMATORY: Angel Hill — LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG.: July 26—1952 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D. — 24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: Havre de Grace, Md.

RECEIVED
JUL 28 1952
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

COUNTY Harford MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Bel Air

LENGTH OF STAY (in this place) 3 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Walter's Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) N. (Last) BURKETT

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify) Widower

8. DATE OF BIRTH: Nov. 6, 1870

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Musician

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Mary Burkett 2403 Presbury St Baltimore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Femoral hernia, repaired, with incomplete healing

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1952, to July 28, 1952, that I last saw the deceased alive on July 26, 1952, and that death occurred at 5 A.m., from the causes and on the date stated above.

SIGNATURE Paul S. Stonesifer Jr. (DEGREE OR TITLE) M.D. ADDRESS 615 Hickory Ave. Bel Air, Md. DATE SIGNED July 28, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF July 31, 1952

NAME OF CEMETERY OR CREMATORY Holy Redeemer

LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. July 29, 1952

REGISTRAR'S SIGNATURE C. W. Kirk

24. FUNERAL DIRECTOR Howard Strong ADDRESS 3207 W North Ave

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1952
BUREAU V. S.

07553

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place) 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) ELBERT (Middle) J (Last) BURNS
4. DATE OF DEATH (Month) 7 (Day) 24 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SEP.
8. DATE OF BIRTH Sept 15 1881
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw mill laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Benjamin Burns
14. MOTHER'S MAIDEN NAME Willie Anne Milson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebrovascular accident — 8 hrs.

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) myocardial infarction — 3 hrs.

(c) pulmonary infarct

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/20, 1952, to 7/24, 1952, that I last saw the deceased alive on 7/24, 1952, and that death occurred at 4 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Neil R. Taylor MD Riverside Md 7/26/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-27-1952
NAME OF CEMETERY OR CREMATORY New London Presbyterian
LOCATION (City, town, or county) (State) New London Chester Md
DATE REC'D BY LOCAL REG. 7-27-52
REGISTRAR'S SIGNATURE Sarah E Rothermel
24. FUNERAL DIRECTOR Joseph R Grant North East Md ADDRESS

7-29-52 A. L. Lewis M.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUL 30 1947
BUREAU V. S.

07554

Carr

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 N. Rogers Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 10 N. Rogers Street

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Grant (Last) Carr

4. DATE OF DEATH (Month) July (Day) 14 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan. 10 - 1878
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Jamison
14. MOTHER'S MAIDEN NAME Mary Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Howard Holloway - Aberdeen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Ventricular Fibrillation	Terminal
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Infarction	10 hours
	(c) Coronary Occlusion	10 hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11:15 AM July 14, 1952, to 11:30 AM July 14, 1952, that I last saw the deceased alive on July 14, 1952, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE Billy V. Rodman, M.D. (Degree or title) ADDRESS Aberdeen, Md. DATE SIGNED 7-15-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 17-1952
NAME OF CEMETERY OR CREMATORY Grove Presby. Cemetery
LOCATION (City, town, or county) Aberdeen (State) Maryland

DATE REC'D BY LOCAL REG. July 16 - 1952
REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR Henry Farring and Sons
ADDRESS Aberdeen Md.

M

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VS. A-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 18 1952
BUREAU W. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 500 Commerce

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) (Last) Carroll

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 11, 1912

9. AGE last birthday: 40 yrs. If under 1 year: Months 4, Days 19; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Davis

14. MOTHER'S MAIDEN NAME: Bertha DePuy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: T. McCaull Jr. Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage & Shock Thoracotomy

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Multiple Fractures of Ribs, Punctured Lung
(c) Fracture L. Femur, Contusion Cord Damage
Compound Fractures Tibia & Fibula Left

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Pneumonia Both Lungs and Contusion Abdominal Viscera

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Auto Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street

(CITY OR TOWN) Havre de Grace (COUNTY) Harford (STATE) Md.

TIME OF INJURY (Month) June (Day) 30 (Year) 52 (Hour) 7:30 p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Falling of large limb of tree

22. I hereby certify that I attended the deceased from 6/30, 1952, to July 5, 1952, that I last saw the deceased alive on July 5, 1952 and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Amelia J. Riggin M.D.

ADDRESS: 700 Washington Ave Havre de Grace

DATE SIGNED: 7/7/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7/7/52

NAME OF CEMETERY OR CREMATORY: Angel Hill

LOCATION (City, town, or county) (State): Havre de Grace Md.

DATE REC'D BY LOCAL REG.: July 7 1952

REGISTRAR'S SIGNATURE: A. L. Lewis M.D.

FUNERAL DIRECTOR: Pennington & Son

ADDRESS: Havre de Grace, Md.

RECEIVED
JUL 10
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
LENGTH OF STAY (in this place) 47 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Van Bibber Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
STREET ADDRESS (If rural, give location) Van Bibber Md

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Thomas (Last) Creaghan
4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 9, 1863
9. AGE last birthday: 88 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Augustine Creaghan
14. MOTHER'S MAIDEN NAME: Honora Coleman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Alice E Creaghan Edgewood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic C.V. Disease	1 year
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to July 16, 1952, that I last saw the deceased alive on June 10, 1952, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Gerald C Palmer M.D. | Bel Air, Md. | 7/16/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7/19/1952 | NAME OF CEMETERY OR CREMATORY St Francis | LOCATION (City, town, or county) (State) Abingdon, Harford Md

DATE REC'D BY LOCAL REG. July 19 1952 | REGISTRAR'S SIGNATURE Marion Monksdale | 24. FUNERAL DIRECTOR AND ADDRESS Howard R. W. Bowman & Son Abingdon Md

VS. 415 (1-51)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 24 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 142

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford County Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Perryman

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) L. (Last) CROCKSON

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ?

8. DATE OF BIRTH: Oct 8, 1873

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Theresa L. Dorsey, Chase, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Atrophic Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) —
DUE TO (c) —

5510

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1952, to July 14, 1952, that I last saw the deceased alive on July 9th, 1952, and that death occurred at ..... m. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Willard P. Hudson, M.D. ADDRESS Forest Hill Md DATE SIGNED 7/14/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF July 18-1952 — NAME OF CEMETERY OR CREMATORY Union M.E. Cemetery — LOCATION (City, town, or county) (State) Aberdeen Maryland

DATE REC'D BY LOCAL REG. 7/17/52 — REGISTRAR'S SIGNATURE Priscilla Fenwood

24. FUNERAL DIRECTOR Keery Harring and Sons — ADDRESS Aberdeen Maryland.

RECEIVED
JUL 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) C (Last) Cronin
4. DATE OF DEATH (Month) July (Day) 21 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept. 6, 1864
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Daniel Gallup
14. MOTHER'S MAIDEN NAME Annie DeVoe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Robert C. Cronin Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Septicemia from infection in floor of mouth — INTERVAL BETWEEN ONSET AND DEATH 48 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ch Cardio-Vascular Disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 1952, to July 21, 1952, that I last saw the deceased alive on July 21, 1952, and that death occurred at 11 05 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard P. Hudson, M.D. ADDRESS Forest Hill Md DATE SIGNED 7/22/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 24, 1952
NAME OF CEMETERY OR CREMATORY Speculia
LOCATION (City, town, or county) Perryman (State) Md

DATE REC'D BY LOCAL REG. July 23-1952
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Henry Tarring Sons ADDRESS Aberdeen Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

JUL 25 1
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fountain Green; LENGTH OF STAY (In this place) 1 1/ years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fountain Green; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
OLIVE	LUCRETIA	FOARD	JULY	27	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	White	Married	Aug 20 1887	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Reading Pa	U S

13. FATHER'S NAME: John Burke

14. MOTHER'S MAIDEN NAME: Anna Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Clinton L Foard Bel Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARDIO-RESPIRATORY FAILURE	30 HOURS
204.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ACUTE LYMPHATIC LEUKEMIA	5 WEEKS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE	NONE	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NONE	NONE			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
NONE			m.		

22. I hereby certify that I attended the deceased from 27 July, 1952, to 27 July, 1952, that I last saw the deceased alive on 27 July, 1952, and that death occurred at 11:40 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. P. Sudwell	M. D.	Bel Air, Maryland	27 July 52

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 30/52	Loch Haven	Washington Road	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/28/52	Priscilla Forwood	Joseph L. Foster, Bel Air, Md	

RECEIVED
JUL 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

60

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN A.P.G.
LENGTH OF STAY (in this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.A. Hospital, APG, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN A.P.G.
STREET ADDRESS (If rural give location) U.S.A. Hospital, APG, Md

3. NAME OF DECEASED: (Type or Print) (First) Johnny (Middle) Allen (Last) FOX

4. DATE OF DEATH: (Month) 7 (Day) 18 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 18 July 52
9. AGE last birthday: V yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 13 Min. 30

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dennis Fox
14. MOTHER'S MAIDEN NAME: Dolores Jean Willard

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Dennis Fox Rt #2 Aberdeen, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

774+ Immediate cause (a) Respiratory failure DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity DUE TO

(c)

Interval Between Onset And Death: 13 hrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 July, 1952, to 18 July, 1952, that I last saw the deceased alive on Never, 19 ., and that death occurred at 1:42 PM, from the causes and on the date stated above.

SIGNATURE E. D. Brodsky (Degree or title) Capt, MC ADDRESS U.S.A. Hospital, APG, Md DATE SIGNED 18 July 52

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial DATE THEREOF July 21, 1952 NAME OF CEMETERY OR CREMATORY Post Cemetery LOCATION (City, town, or county) Aberdeen Proving Grounds (State) Md

DATE REC'D BY LOCAL REGISTRAR July 21, 1952 REGISTRAR'S SIGNATURE Willie R. Perry

24. FUNERAL DIRECTOR Henry Tanning & Sons ADDRESS Aberdeen Md

2072201302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 22 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS (A15)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belair Rural
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belair Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Thursey (Middle) (Last) Haga

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 18, 1860

9. AGE last birthday: 92 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jerry Parker

14. MOTHER'S MAIDEN NAME: Rose Brower

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Maston Hall Belair, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) HYPO STATIC PNEUMONIA — Interval Between Onset and Death: 2 DAYS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. FRACTURE, RIGHT HIP — 3 MONTHS

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN):
(COUNTY):
(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 26, 1952 to JULY 31, 1952, that I last saw the deceased alive on JULY 31, 1952 and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Brom McDonald Jr M.D. Aberdeen Md. Aug 1, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Aug. 3, 1952
NAME OF CEMETERY OR CREMATORY: Brookview
LOCATION (City, town, or county) (State): Rising Sun, Md.

DATE REC'D BY LOCAL REG.: Aug. 1 - 1952
REGISTRAR'S SIGNATURE: Nellie L. Perry
24. FUNERAL DIRECTOR ADDRESS: E. E. Tyson Rising Sun Md.

AUG 4 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 19 hrs. 30 Min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 326 Lodge st.

3. NAME OF DECEASED (Type or Print) (First) Bary (Middle) Boy (Last) Hill
4. DATE OF DEATH (Month) 7 (Day) 22 (Year) 1952
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 7/21/52
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 19 Min. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Stewart Jones
14. MOTHER'S MAIDEN NAME Yvonne Hill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Yvonne Hill - 326 Lodge St - Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Atalectasis —

754.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Patent Foramen Ovale

(c)

INTERVAL BETWEEN ONSET AND DEATH few hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/21, 1952, to 7/22, 1952, that I last saw the deceased alive on 7/22, 1952, and that death occurred at 5 A.M. m., from the causes and on the date stated above.

SIGNATURE Jim Wolbert (Degree or title) M.D. ADDRESS Havre de Grace DATE SIGNED 7/23/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/24/52
NAME OF CEMETERY OR CREMATORY Union Methodist Cemetery
LOCATION (City, town, or county) Swan Creek (State) Md.

DATE REC'D BY LOCAL REG. July 23-1952
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Elmer E. Bullock - Havre de Grace, Md. ADDRESS

7-1414-6

RECEIVED
JUL 25 1952
STATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY [illegible] MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) [illegible]

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Aberdeen Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Harford

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen

STREET ADDRESS (If rural, give location) 4 Aberdeen Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
WALTER	G.	LESLIE	July	19,	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Mal	White	married	July 29, 1890	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Hi[illegible]	U.S.Govt	Philadelphia, Penna.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Leslie	Margaret Craig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
yes	W.W. I		Lavina D. Leslie, Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY OCCLUSION	½ HOUR
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) ARTERIOSCLEROTIC HEART DISEASE	5 YEARS
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB 2, 1952, to JULY 19, 1952, that I last saw the deceased alive on JULY 19, 1952 and that death occurred at 1100 P.m., from the causes and on the date stated above.

SIGNATURE Brown McDonald Jr. DEGREE OR TITLE M.D. ADDRESS Aberdeen, Md. DATE SIGNED 7-19-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
[illegible]	7/22/52	[illegible] Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-22-52	A.W. Hedrick Clerk	Wm. Cook, Inc.,	[illegible] St. Paul [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL ABINGDON
LENGTH OF STAY (In this place) 42 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) LILLIAN (Middle) ROSE (Last) LINGHAM

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 3/14/1886

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Edgewood, R.I.,

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Washington

14. MOTHER'S MAIDEN NAME: Annie Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. --

17. INFORMANT: Thos., Edward Lingham, Abingdon, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY OCCLUSION — Interval between onset and death: 2 YEARS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE CARDIOVASCULAR DISEASE

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from JUNE, 1950, to 7/24, 1952, that I last saw the deceased alive on 7/24, 1952, and that death occurred at 10:30 P.m., from the causes and on the date stated above.

SIGNATURE E W Stewart Jr. M.D. (Degree or title) ADDRESS EDGEWOOD, MD DATE SIGNED 7/24/52

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF 7/27/1952 — NAME OF CEMETERY OR CREMATORY: John Wesley — LOCATION (City, town, or county) (State): Abingdon, Harford, Md.,

DATE REC'D BY LOCAL REG. 7/27/1952 — REGISTRAR'S SIGNATURE Mame M Mondedale — 24. FUNERAL DIRECTOR Howard K. McComas & Son — ADDRESS Abingdon Maryland

RECEIVED
OCT 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 18'

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Army Hospital Aberdeen Proving Ground, Md

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen Proving Ground
STREET ADDRESS (If rural, give location): Maryland

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) H. (Last) MAUGER

4. DATE OF DEATH (Month) July (Day) 12 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov. 7, 1926
9. AGE last birthday: 25 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SOLDIER
10b. KIND OF BUSINESS OR INDUSTRY: Army
11. BIRTHPLACE (State or foreign country): Pa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LeRoy Mauger
14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Present
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: ARMY Aberdeen Proving Ground, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of the skull — immediately

8 Ed.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway Route 40 — (CITY OR TOWN): Edgewood — (COUNTY): Harford — (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): July 12 1952 m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that I attended the deceased from 12 July, 1952, to 12 July, 1952, that I last saw the deceased alive on NEVER, 19..., and that death occurred at 9:20 P m., from the causes and on the date stated above.

SIGNATURE: E D Brockshy — (Degree or title): Capt. MC — ADDRESS: USAH, ARG, Md — DATE SIGNED: 12 July 52

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: July 14 1952
NAME OF CEMETERY OR CREMATORY: Potts Town Cemetery
LOCATION (City, town, or county) (State): Pottstown Penna

DATE REC'D BY LOCAL REG.: July 14 1952
REGISTRAR'S SIGNATURE: Nellie R. Perry
24. FUNERAL DIRECTOR: Henry Tarring and Son — ADDRESS: Aberdeen Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 16 19
BUREAU V. S.

Coroners Certificate —

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07566

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Harford — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace, Rt. 1 — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen, Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Steven (Middle) LeMar (Last) McCANNON

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1952

5. SEX: male — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single — 8. DATE OF BIRTH: July 7, 1952 — 9. AGE last birthday: yrs. 16 — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant. — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Havre de Grace, Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lewis McCannon — 14. MOTHER'S MAIDEN NAME: Grace Rawlings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Mrs. Lewis McCannon, Aberdeen, Md. Boston Court.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital Defect of Brain - or Cardio respiratory System, manifested

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) by sudden death.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Period of cyanosis fifth day noticed by Dr. Gen. Normal Delivery

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that ~~I attended the~~ deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE: Bailey Richardson Jr (Degree or title) M.D. ADDRESS: Bel Air, Md DATE SIGNED: 7/23/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 24, 1952 — NAME OF CEMETERY, OR CREMATORY: Mt. Zion — LOCATION (City, town, or county) (State): Level, Md.

DATE REC'D BY LOCAL REG.: July 23-1952 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D. — 24. FUNERAL DIRECTOR: A. C. Lawson — ADDRESS: Rising Sun, Md.

VS. A15

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RECEIVED
JUL 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (in this place) 9 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland Penna. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) BESSIE (Middle) Lucille Lee (Last) NORRIS
4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1952
5. SEX: FEMALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JAN. 28, 1930
9. AGE last birthday: 22 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Of Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charley LEE
14. MOTHER'S MAIDEN NAME: Bertha FLOWERS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 213-26-2227
17. INFORMANT AND ADDRESS: Mrs Charles Lee Street, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Massive Infectious Hepatitis — 46hrs

0927 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/25, 19 52, to 7/28, 19 52, that I last saw the deceased alive on 7/26, 19 52, and that death occurred at 10:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Malcolm Dudley Phillips MD Darlington Md 7/28/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Burial | August 1, 1952 | Dublin Cem | Harford Co, Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS
July 29/1952 C. L. Lewis M.D. H. S. Bailey Darlington, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply any item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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AUG 5
BUREAU V. E

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (In this place) (hosp.)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 37 Defence Drive

3. NAME OF DECEASED (Type or Print): (First) E (Middle) Schneider Snyder (Last)
4. DATE OF DEATH: (Month) July (Day) 4 (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	W.	W	Oct. 2-1915	36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Ordnance Depot	Tennessee	U.S.A.

13. FATHER'S NAME: W.A. Pinkstaff
14. MOTHER'S MAIDEN NAME: Rose Conrad

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	Unknown	M.A. Pinkstaff, Boonville, Miss.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture liver — none

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Farm A. Silver	(CITY OR TOWN) Havre de Grace	(COUNTY) Harford	(STATE) Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
July 4, 1952 2 P m.		Tractor upset on her

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Howard C. Palmer	M.D. Deputy Medical Exam.	Harford Co. Health Dept. Md.	7/4/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/5/52	Unknown	Fayetteville, Penn.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 5 1952	A. L. Lewis M. D.	Benjamin Lee	Havre de Grace, Md.

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JUL 9
BUREAU V. S.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH COUNTY Harford. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 114 Rogers Street.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 114 Rogers Street.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Gallup (Last) Sutton
4. DATE OF DEATH (Month) July (Day) 9th. (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 4th 1876
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Daniel Gallup
14. MOTHER'S MAIDEN NAME Annie E. DeVoe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Samuel Sutton - Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Parotitis	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility	5 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis — 10 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1947, to July 9, 1952, that I last saw the deceased alive on July 8, 1952, and that death occurred at 6:40 A.m., from the causes and on the date stated above.

SIGNATURE Peter V. Hodman, M.D. (Degree or title) ADDRESS Aberdeen, Md. DATE SIGNED 7-11-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 11th-1952
NAME OF CEMETERY OR CREMATORY Speculia Cemetery
LOCATION (City, town, or county) Perryman, Maryland. (State)
DATE REC'D BY LOCAL REG. July 11-1952
REGISTRAR'S SIGNATURE Pellie L. Perry
24. FUNERAL DIRECTOR Henry Varring and Sons - Aberdeen Maryland. ADDRESS

VS. A15

RECEIVED
JUL 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norrisville | LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norrisville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Wesley (Last) Sweeting

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1952

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: July 31, 1857 | 9. AGE last birthday: 94 yrs. | If under 1 year: Months 11 Days 7 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Poole's Island, Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin Sweeting | 14. MOTHER'S MAIDEN NAME: Margaret Sherrington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mrs. Mary Josephine Sweeting, Fawn Grove, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute myocardial infarct	3 days
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial ischemia	2 yrs
	(c) Hypertensive Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1951, to July 7, 1952, that I last saw the deceased alive on July 7, 1952, and that death occurred at 12 P m, from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
William L. Fisher M.D. | Stewartstown | 7-8-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 10, 1952 | NAME OF CEMETERY OR CREMATORY: Emory | LOCATION (City, town, or county) (State): Street, Harford Co. Md.

DATE REC'D BY LOCAL REG. 7/9/52 | REGISTRAR'S SIGNATURE: Priscilla Foxwood | 24. FUNERAL DIRECTOR: Martin G. Kurtz | ADDRESS: Jarrettsville, Md.

RECEIVED
JUL 15 1952
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 18-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Harford MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Havre de Grace

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Harford

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Havre de Grace

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) EUGENE (Last) TAYLOR

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~; (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Married	Oct 6, 1931	20 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Army Chemical Center Inspector		W. Va	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Geo. Taylor	Lelia Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No (If Yes, give war or dates of service)	218-28-1282	Geo. Taylor, R#1, Box 196 Havre de Grace Md. Rural

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chr Glomerulo-Nephritis	3 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

592

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1952, to July 12, 1952 that I last saw the deceased alive on July 12, 1952, and that death occurred at 10:55 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Willard P. Hudson M.D. ADDRESS Forest Hill, Md DATE SIGNED 7/13/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 15, 1952	Mt Zion Cem	Harford Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 15 '52	Berda B. Knight	H. S. Bailey	Harlington Md.

VS. A15 8-51

RECEIVED
JUL 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07572

CERTIFICATE OF DEATH

Reg. Dist. No. 18-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ABERDEEN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wm. J. SAH, Tuberculosis Ward, Fourth Floor, Room 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural give location) 401 Bell

3. NAME OF DECEASED: (Type or Print) (First) Billie (Middle) T (Last) Testino

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7 May 1928

9. AGE last birthday: 24 yrs. IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: G. W. Anderson

14. MOTHER'S MAIDEN NAME: Buella Davidson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: M/Sgt. Charles Testino
% Gen. Del., Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

5224 Immediate cause (a) Acute Pulmonary Edema — DUE TO Undetermined

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Jul, 19 52, to 18 Jul, 19 52, that I last saw the deceased alive on 18 Jul, 19 52, and that death occurred at 1035 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. Baker 1st Lt MC 2151 USAH Apg. No 18 Jul 52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 20 July 1952 — NAME OF CEMETERY OR CREMATORY Motorka — LOCATION (City, town, or county) Motorka W Va (State) Mercer

DATE REC'D BY LOCAL REGISTRAR July 19-52 — REGISTRAR'S SIGNATURE Nellie L. Perry

24. FUNERAL DIRECTOR Henry Tawney & Sons — ADDRESS Glendon Md

VS. A-5

RECEIVED
JUL 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) Route #2.

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Joseph (Last) Uzzo
4. DATE OF DEATH (Month) July (Day) 14 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single.
8. DATE OF BIRTH July 13, 1952
9. AGE last birthday Premature
If under 1 year Months | Days
If under 24 hrs. Hours 5 | Min. x 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Salvatore Ignazio Uzzo
14. MOTHER'S MAIDEN NAME Dorothy May Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Salvatore Uzzo RT#2 Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL ANOXIA

7/1/ Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) PREMATURE SEPARATION of PLACENTA

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7:08 P.M. July 13, 1952, to July 14, 1952, that I last saw the deceased alive on July 14, 1952, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE B. Norment III (Degree or title) MD ADDRESS Havre de Grace DATE SIGNED 7.14.52

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF July 15-1952
NAME OF CEMETERY OR CREMATORY Greenmount Cemetery
LOCATION (City, town, or county) Baltimore (State) Maryland.

DATE REC'D BY LOCAL REG. July 15-1952
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Henry Farring and Sons - Aberdeen ADDRESS Maryland

217-31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS, A15

RECEIVED
JUL 16
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the name of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: APG — LENGTH OF STAY (in this place): —
HOSPITAL OR INSTITUTION OR STREET ADDRESS: USA Hospital Aberdeen Proving Ground

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen Md.
STREET ADDRESS (If rural, give location): 503-B Watervlite St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): James Franklin Vuncannon Jr.
4. DATE OF DEATH (Month) (Day) (Year): July 23 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 22 July 1952
9. AGE last birthday: X yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours 16 / Min. 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: James Franklin Vuncannon Sr.
14. MOTHER'S MAIDEN NAME: Erna Weindl
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: James F. Vuncannon Sr. 503-B Watervlite St. Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Prematurity — 1 day

176X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Never, 19....., to Never, 19....., that I last saw the deceased alive on Never, 19....., and that death occurred at 5:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): M G Bo Higlieri Capt. MC. — ADDRESS: — DATE SIGNED: 23 July 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 25 July 1952 — NAME OF CEMETERY OR CREMATORY: Ross — LOCATION (City, town, or county) (State): Aberdeen Proving Ground Md.

DATE REC'D BY LOCAL REG.: July 23-52 — REGISTRAR'S SIGNATURE: Nellie L. Perry — 24. FUNERAL DIRECTOR: Henry Tarring Sons — ADDRESS: Aberdeen Md

1-252321

RECEIVED
JUL 25 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 186 — 75

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon, R.F.D. —
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) KATHARINE (Middle) (Last) WAGNER
4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: 11-26-79
9. AGE last birthday: 72 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Hungary
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Kollman
14. MOTHER'S MAIDEN NAME: Anna Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: Catherine W. Dalton - Abingdon Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pleural effusion, right — several weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Probable Bronchiectasis — 2 years
(c) Chronic bronchial asthma and emphysema — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease — unknown

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1952, to July 27, 1952, that I last saw the deceased alive on July 26, 1952, and that death occurred at 7:10 A m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
Paul S. Stonesifer Jr. M.D. 65 Hickory Ave. Bel Air July 28/1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 29, 1952 — NAME OF CEMETERY OR CREMATORY: Bel Air Memorial Gardens — LOCATION (City, town, or county): Bel Air (State): Md

DATE REC'D BY LOCAL REG.: July 31-1952 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D. — 24. FUNERAL DIRECTOR: Howard K. McComas & Son — ADDRESS: Abingdon Md

RECEIVED
AUG 1 1
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A.S.

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

576

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural
STREET ADDRESS (If rural, give location) Churchville

3. NAME OF DECEASED (Type or Print) (First) Andrew (Middle) Thomas (Last) Walter
4. DATE OF DEATH (Month) July (Day) 15th (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify) Widowed
8. DATE OF BIRTH Dec. 31 - 1879
9. AGE last birthday 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wm Oliver Walter
14. MOTHER'S MAIDEN NAME Catherine Scarborough
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Chas. S. Walter Bel Air R.D. Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Septicemia	12 hrs. (?)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute gastroenteritis, etiology unknown	24 hrs.
260X)	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus; arteriosclerotic heart disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1952, to July 15, 1952, that I last saw the deceased alive on May 15, 1952, and that death occurred at 2 45 p.m., from the causes and on the date stated above.

SIGNATURE Paul S. Stonesifer Jr. (Degree or title) M.D. ADDRESS 615 Hickory Ave. Bel Air. DATE SIGNED July 16, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 18 1952
NAME OF CEMETERY OR CREMATORY Mt. Tabor Cemetery
LOCATION (City, town, or county) (State) Churchville, Maryland

DATE REC'D BY LOCAL REG. 7/17/52
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR Henry Farring & Sons ADDRESS Aberdeen Maryland

RECEIVED
JUL 21 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 151

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN A.P.G. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.A.H., APG, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN APG
STREET ADDRESS (If rural, give location) USAH, APG, Md

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Edward (Last) Welch
4. DATE OF DEATH (Month) 7 (Day) 12 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 11 July 52
9. AGE last birthday yrs. | If under 1 year Months | Days 1 | If under 24 hrs. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Karl H. Welch
14. MOTHER'S MAIDEN NAME Dolores Wargo
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Karl H. Welch - Box 82 Forres & Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Respiratory failure	36 hrs.
776 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 11 July, 1952, to 12 July, 1952, that I last saw the deceased alive on 12 July, 1952, and that death occurred at 11:45A m., from the causes and on the date stated above.

SIGNATURE E. D. Brockshy (Degree or title) Capt, MC ADDRESS U.S.A.H, APG, Md DATE SIGNED 12 July 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF July 15-1952 | NAME OF CEMETERY OR CREMATORY Post Cemetery | LOCATION (City, town, or county) (State) Aberdeen Maryland.

DATE REC'D BY LOCAL REG. July 14-1952 | REGISTRAR'S SIGNATURE Nellie L. Perry | 24. FUNERAL DIRECTOR Henry Tarring & Sons. ADDRESS Aberdeen. Maryland.

(2372 [illegible])

US 52 141 387

Tech. TRng. Detch.

Pfc. – A.P.G. md.

RECEIVED
JUL 16
RELEASED

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Aberdeen
LENGTH OF STAY (in this place) 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Aberdeen R.F.D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Aberdeen
STREET ADDRESS (If rural, give location) Bush Chapel Road

3. NAME OF DECEASED (Type or Print) (First) Dorothy (Middle) M. (Last) Wilson
4. DATE OF DEATH (Month) July (Day) 20 (Year) 1952

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH April 13-1951
9. AGE last birthday yrs. If under 1 year Months 3 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Aberdeen
12. CITIZEN OF WHAT COUNTRY? W.D.G.

13. FATHER'S NAME George C. Wilson
14. MOTHER'S MAIDEN NAME Mary Osborn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Mary C. Wilson Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 1952, to July 20, 1952, that I last saw the deceased alive on July 19, 1952, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE George T. Stansbury (Degree or title) M.D. ADDRESS Havre de Grace Md. DATE SIGNED 7/21/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 22-1952
NAME OF CEMETERY OR CREMATORY Mt. Calvary
LOCATION (City, town, or county) Aberdeen (State) Md

DATE REC'D BY LOCAL REG. July 22-1952
REGISTRAR'S SIGNATURE Nellie R. Ferry
24. FUNERAL DIRECTOR Henry Tarring Sons ADDRESS Aberdeen Md

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RECEIVED
JUL 24 1912
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07579

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Bel Air)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walter Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 7906 South Bend Rd.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) A. (Last) ZIMMERMAN
4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.?

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unk.
17. INFORMANT & ADDRESS: Mrs Bessie Walter. Bel Air - Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Uremia	1 month
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic cardiovascular disease	5-10 yrs.
DUE TO		
(260x)	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus; Cirrhosis of Liver

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1952, to July 21, 1952, that I last saw the deceased alive on July 21, 1952, and that death occurred at 9:15 P.m., from the causes and on the date stated above.

SIGNATURE Paul S. Stonesifer Jr. (DEGREE OR TITLE) M.D. ADDRESS 615 Hickory Ave. Bel Air, Md. DATE SIGNED 7/21/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 24, 1952
NAME OF CEMETERY OR CREMATORY Darlington Cem.
LOCATION (City, town, or county) Harford Co., (State) Md.

DATE REC'D BY LOCAL REG. July 22, 1952
REGISTRAR'S SIGNATURE C. H. Kirk
24. FUNERAL DIRECTOR H. S. Bailey, Darlington, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A10 8-51

RECEIVED
AUG 4 1952
BUREAU V. S.

07580

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford Maryland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Francis Villa

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) Commerce & Market

3. NAME OF DECEASED (Type or Print) (First) Sister (Middle) Mary Verna (Last) Katherine Zingerlein
4. DATE OF DEATH (Month) (Day) (Year) 7/30/52 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 9/21/1870
9. AGE last birthday 81 yrs. If under 1 year Months 11 Days 7 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher
10b. KIND OF BUSINESS OR INDUSTRY Catholic School
11. BIRTHPLACE (State or foreign country) Baden, Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ehrhard Zingerlein
14. MOTHER'S MAIDEN NAME Marie Beck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service No
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Hospital Records, Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arterio Sclerotic Cardio Vascular Disease	8 yrs
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility	8 yrs.
	(c) Cachexia	1 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1944, to July 30, 1952, that I last saw the deceased alive on July 30, 1952, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE Charles J. Foley M.D. (Degree or title) ADDRESS Havre de Grace Md DATE SIGNED 7/31/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/1/52
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. July 31-1952
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Cunningham & Son ADDRESS Havre de Grace, Md.

VS. A1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 4 1952
BUREAU V. S.